HEALTH CLUSTER COORDINATION MEETING - YEMEN

26 February, 2020
# Yemen Health Cluster Coordination Meeting

**Date**: Wednesday 26 February, 2020  
**Venue**: MoPHP – Minister’s Office Conference Room  
**Time**: 10:00 am – 12:00 pm

<table>
<thead>
<tr>
<th>Agenda topics</th>
<th>By</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>1. Welcome and introduction</td>
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<tr>
<td>2. Endorsement of previous meeting minutes and follow up on action points.</td>
<td>Health Cluster</td>
<td>10 minutes</td>
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</table>
| 3. Epidemiological Situation: Response, Gaps and Recommendation (MoPHP, WHO and EOC)  
  - Dengue and Malaria  
  - Diphtheria  
  - Seasonal Influenza  
  - Update on Corona Virus Preparedness Plan | MOPHP/WHO               | 30 minutes |
| 4. Updates from other Coordination Fora                                       | Health Cluster          | 10 Minutes |
| 5. Information Management:  
  - Infographics/achievements  
  - Reporting status                                                        | Health Cluster          | 10 minutes |
| 6. Partners’ Updates:  
  - Attendance Status 2019  
  - Challenges                                                             | Health Cluster/Partner  | 10 minutes |
| 7. Cluster Coordination performance Monitoring                                 | Health Cluster          | 10 Minutes |
| 8. Updates from Technical Working Groups  
  - MHPS  
  - WASH in HFs  
  - RHWG                                                               | Health Cluster/TWGs     | 15 minutes |
| 9. AOB  
  - HRP 2020  
  - Joint Health and WASH Cholera Response Review Meeting for 2019          |                         | 15 Minutes |
<table>
<thead>
<tr>
<th>#</th>
<th>Action Points/ Subjects to Follow Up</th>
<th>Responsibility</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>HNO/HRP workshop meeting is to be held on March 15(^{th}), 2020.</td>
<td>Health Cluster</td>
<td>In Process</td>
</tr>
<tr>
<td>2</td>
<td>COVID-19 Preparedness plan</td>
<td>MoPHP</td>
<td>To be presented today</td>
</tr>
<tr>
<td>3</td>
<td>WASH in Health Facilities resource mapping</td>
<td>WASH in HF TWG</td>
<td>In Process</td>
</tr>
<tr>
<td>4</td>
<td>The distribution plan of the RH Kits is to be shared by UNFPA with the Cluster to be shared with all partners with minutes</td>
<td>UNFPA</td>
<td>Done</td>
</tr>
<tr>
<td>5</td>
<td>Joint Health and WASH Cholera Review Meeting</td>
<td>Health/WASH Clusters</td>
<td>In Process</td>
</tr>
<tr>
<td></td>
<td>- 4-5 March, 2020 - Aden.</td>
<td>WHO/UNICEF</td>
<td></td>
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<td></td>
<td>- 10-11 March 2020 – Sana’a.</td>
<td>MoPHP/MoWE</td>
<td></td>
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<tr>
<td>6</td>
<td>Brief on the outcomes of the Brussels Meeting (Donors).</td>
<td>Health Cluster</td>
<td>To be presented today</td>
</tr>
<tr>
<td>7</td>
<td>Updated on Quality of Care</td>
<td>Health Cluster</td>
<td>Ongoing</td>
</tr>
<tr>
<td>8</td>
<td>eIDEWS bulletins to be shared with partners on a regular basis.</td>
<td>Health Cluster</td>
<td>Ongoing</td>
</tr>
<tr>
<td>9</td>
<td>Reporting is mandatory for all Health Cluster Partners on a monthly basis. Deadline is the 10(^{th}) of each month.</td>
<td>Partners</td>
<td>Ongoing</td>
</tr>
<tr>
<td>10</td>
<td>Health Cluster Infographics, Central Level and Hubs, to be shared with partners on a monthly basis.</td>
<td>Health Cluster</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

Yemen Health Cluster Website: [www.Yemenhc.org](http://www.Yemenhc.org)
Health Cluster: (Operational Coordination Structure)

**Sub Clusters**

- Sana’a
- Al Hudaydah
- Ibb
- Sa’ada
- Aden
- Al Mukalla

**Hubs**

- SAG*
- STRC*

**Donors**

- HTC*
- ICCM* (All clusters)
- IFRR*
- FSAC* - Nutrition - WASH*

**Task Forces**

- Cholera: Co-chair Ministry of Water / UNICEF
- QoC*
- Vaccination/EPI: Co-chair UNICEF

**Working Groups**

- MHPSS: Co-chair CYPO*
- Reproductive Health: Co-chair UNFPA
- WASH in Health Facilities: Co-chair ADO*
- Information Management
- Physical Rehab (Disability): Co-chair Hi* / ICRC
- Trauma Forum: Co-chair Hi*

**Protection Cluster**

- GBV / Child Protection / AoR

**Disclaimer:** This is an operational visual cluster structure, subject to change depending on the urgency, context, and situation.
Updates from other coordination fora

- Humanitarian Country Team (HCT) - monthly
- Operations Centre (OPSCEN) - bimonthly
- Inter-Cluster coordination Mechanism (ICCM) - bimonthly
Briefing – Outcomes

Brussels Donor meeting
(12-13 Feb, 2020)
Identifying and Addressing Shared Risks: mechanisms to ensure a joined-up risk approach are being strengthened

Collective Risks
Most, if not all partners are confronted by a common set of risks. At present, these are being managed individually. The types of risks impacting all partner include:

- Fiduciary
- Reputational
- Safety and Security
- Expulsion
- Integrity
- Accountability

Collective Risk Mitigation
The new Operations Compliance Unit, to be based in Amman, will work collaboratively with all partners to identify, assess, understand, and mitigate collective risks. As first steps, the Unit will:

- Map risk factors across functions and locations
- Undertake risk impact assessments, particularly for programmes with high risk thresholds
- Work closely with the advocacy teams to ensure that risks being identified and quantified by the OCU are integrated into the strategies being developed under components one, two and three
- Integrate risk management protocols into business processes of all UN agencies
- Develop an action plan to implement the UN’s Zero Tolerance to Corruption Strategy
Preserving Operational Capacity: mechanisms to maintain operational capacity are being established

Partners will be fully consulted by lead agencies before any calibration occurs.

Lead agencies and OCHA will discuss concrete steps to preserve operational capacity of partners in the event of calibration, or if they are forced into de facto reductions by the regulatory framework.

Agencies will consider options for helping partners maintain presence.

Yemen Humanitarian Fund will consider options for helping partners maintain presence.
Mitigating the Impact:

plans to mitigate the impact to beneficiaries and staff will be developed

Each cluster will map the likely impact on beneficiaries if programmes are off-ramped and agree on steps partners will take to minimize the consequences.

Beneficiary Mitigation Plans For Each Off-Ramped Programme

The security management team will identify the risks to staff safety and security and agree on steps to be taken to minimize and manage the impact.

Security Mitigation Plans For Each Off-Ramped Programme
Establishing timelines: if partners ramp programmes, this will be done predictably and transparently
OPSCEN MEETING

Marib/Al-Jawf/Sana
DISPLACEMENT TRENDS

2,962 DISPLACED HOUSEHOLDS

Legend
- District Centre
- 0-150 HHs Displaced
- 150-300 HHs Displaced
- 300-600 HHs Displaced
- 600+ HHs Displaced

RESPONSE HIGHLIGHTS

11,354 Newly displaced persons supported
849 Multi-Purpose Cash Transfers Made
1,300 Winterization kits distributed
221,000 Litres of safe drinking water provided
1,622 RRM kits distributed
Health response to IDPS

**IOM** operates a mobile health clinic and provides support to two hospitals in Marib City including referral services.

**CSSW** is supporting 14 health facilities and operating 4 medical mobile clinics; can be mobilized where needed.

**UNFPA** deployed a mobile clinical team through BFD.

**WHO** is mobilizing medical kits both basic and supplementary to BFD, IOM and CSSW and three hospitals for referral cases,

**UNFPA** supports two hospitals, one health center, and one health unit in Marib for provision of reproductive health services.
• **Needs:**

  - Steady essential medication (Interagency Emergency Health Kits - IEHKs) supply to support the provision of health care either through static facilities or mobile clinics/teams.

  - Strengthen the referral mechanism to secondary hospitals especially for pregnant women and trauma victims.

  - Due to massive displacement, the risk of vaccine preventable disease has increased, therefore a focus on immunization activities is needed.

  - Strengthening disease surveillance – to respond in a timely manner to any new outbreaks which might be caused by displacement and environmental factors.
Outcomes - Cholera Task Force
Updates on outbreak

nCOV-19, Dengue, SARI and Cholera

Current situation
Challenges
Way forward

MoPHP – EOC
Coronavirus Disease 2019 (COVID-19) Preparedness in Yemen
Situation Overview and Risk Assessment

- **Global**: As of 24 February 2020, a total of 79,424 (laboratory-confirmed and clinically diagnosed cases) of COVID-19, including 2,626 associated deaths (CFR=3.3%), have been reported from 34 countries.

- **Regional**: First laboratory-confirmed cases were reported in Afghanistan (1), Bahrain (2), Kuwait (3), Iraq (1) and Oman (2). All cases reported have a travel history to Iran, which has reported 61 cases including 12 deaths.

- **Yemen**: No confirmed cases reported *(as of 26 Feb)*
  - The current risk of COVID-19 in Yemen is low  
    → risk can change over time.
  - The risk is slightly higher in the south vs. the north
  - It is possible to interrupt virus spread, provided that the country puts in place strong measures to detect disease early, isolate and treat cases, trace contacts, and promote social distancing measures commensurate with the risk.
Distribution of COVID-19 cases as of 24 February 2020

*Confirmed* cases reported between 13 and 19 February 2020 include both laboratory-confirmed and clinically diagnosed (only applicable to Hubei province); for all other dates, only laboratory-confirmed cases are shown.

*691 cases are identified on a cruise ship currently in Japanese territorial waters.

Data Source: World Health Organization, National Health Commission of the People's Republic of China

Map Production: WHO Health Emergencies Programme

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Transmission of COVID-19

• The spread of COVID-19 between humans is being driven by droplet transmission

• The virus is transmitted from a sick person to a healthy person through respiratory droplets when the sick person coughs or talks close to another person.

• Current diagnostic tests have yielded positive results from a variety of specimens including throat swabs from asymptomatic people and feces.

• These positive results are not a conclusive indication that people are contagious. People may have been exposed and infected but are NOT necessarily transmitting the disease. More investigations into potential other routes of transmission are ongoing.

• What has been reported so far it that the main driver of transmission is droplet transmission from people with symptoms.
Remember: It’s not in Yemen yet!
Prevention – what does NOT work

- Drinking herbal teas
- Smoking
- Wearing multiple masks over your mouth/nose
- Self-medicating
Prevention measures that do work
(for COVID-19 and many other diseases)

• **Wash** your hands frequently with soap and water or use an alcohol-based rub

• **Avoid** close contact with people, especially those who are coughing, sneezing and have a fever. Stand at least 1 meter away from them.

• **Avoid** direct contact with animals

• When coughing and sneezing, cover your mouth and nose with your **flexed elbow or tissue**

• **Proper fit of masks**

• **Avoid** touching your eyes, nose or mouth and do not eat food that has not been thoroughly cooked

• **Avoid** traveling if you have a fever or are coughing

• **Contact** your nearest health care provider if you have a fever and are coughing or have difficulty breathing – especially if you have visited a country where people have gotten COVID-19.
Myth Busters

How long is the incubation period for COVID-19?

Can humans become infected with the COVID-19 from an animal source?

Can I catch COVID-19 from my pet?

How long does the virus survive on surfaces?

Is it safe to receive a package from any area where COVID-19 has been reported?

For more info, visit WHO coronavirus website: https://www.who.int/news-room/q-a-detail/q-a-coronaviruses
Preparedness activities

• Passenger screening upon arrival at the airports and infection prevention and control measures in place at the ports of entry

• Identification of hospitals for patient isolation
  • Repurposing of diphtheria ICUs as additional isolation units

• Various training conducted and more to come:
  • Risk communication and community engagement – ToT done in Aden
  • Infection prevention and control
  • Laboratory detection of COVID-19
  • Case investigation and contact tracing for rapid response teams

• Prepositioning of equipment and supplies
  • Personal protective equipment (already in place as part of influenza preparedness & response)
  • Laboratory reagents & testing of controls
  • More materials expected through our regional office

• Appropriate messaging of the risk to the public to control fear and minimize stigma

• Development of the national operational plan
Points of Entry Assessment

Assessed 24 points of entry across Yemen for IHR core capacity at PoE

### Competent authorities identified at PoE

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Airport</td>
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<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Ground crossing</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Port</td>
<td>8</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>14</strong></td>
<td><strong>10</strong></td>
<td><strong>24</strong></td>
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</table>

### Availability of public health contingency plan at PoE

<table>
<thead>
<tr>
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<th>No</th>
<th>Yes</th>
<th>No response</th>
<th>Total</th>
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<td>Airport</td>
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<td>1</td>
<td>7</td>
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<tr>
<td>Ground crossing</td>
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<td></td>
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<td>6</td>
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<tr>
<td>Port</td>
<td></td>
<td>11</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>9</strong></td>
<td><strong>3</strong></td>
<td><strong>12</strong></td>
<td><strong>24</strong></td>
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### Number of points at level 1 IHR capacity

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<tbody>
<tr>
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<td>2</td>
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<tr>
<td>Port</td>
<td>5</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>10</strong></td>
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</tbody>
</table>
Level of core capacity

<table>
<thead>
<tr>
<th>Level</th>
<th>C11.1 Core capacity requirements at all times for designated airports, ports and ground crossings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>PoEs to develop routine core capacities are identified for designation based on associated public risk assessment</td>
</tr>
<tr>
<td>Level 2</td>
<td>Some designated PoEs are implementing routine core capacities at all times AND Competent authorities are identified in each designated PoE</td>
</tr>
<tr>
<td>Level 3</td>
<td>All designated PoEs are implementing routine core capacities at all times AND All designated PoEs are integrated into the national surveillance system for biological hazards</td>
</tr>
<tr>
<td>Level 4</td>
<td>All designated PoEs are implementing routine core capacities with an all-hazard and multisectoral approach</td>
</tr>
<tr>
<td>Level 5</td>
<td>Routine core capacities at all designated PoEs are evaluated and actions are taken to improve on a regular basis</td>
</tr>
<tr>
<td>Level</td>
<td>C11.2 Effective public health response at points of entry</td>
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<tr>
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<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Level 1</td>
<td>PoEs identified for designation are in the process of developing a PoE public health emergency contingency plan[^84]</td>
</tr>
<tr>
<td>Level 2</td>
<td>Some designated PoEs have developed a PoE public health emergency contingency plan for events caused by <strong>biological hazards</strong></td>
</tr>
<tr>
<td>Level 3</td>
<td>All designated PoEs have developed PoE public health emergency contingency plans for events caused by <strong>biological hazards</strong>&lt;br&gt;AND&lt;br&gt;All designated PoEs are <strong>integrated into</strong> national emergency response plans</td>
</tr>
<tr>
<td>Level 4</td>
<td>All designated PoEs have developed PoE public health emergency contingency plans for events caused by <strong>all hazards</strong></td>
</tr>
<tr>
<td>Level 5</td>
<td>All designated PoEs <strong>routinely</strong>[^85] test, review and update PoE public health emergency contingency plans for events caused by <strong>all hazards</strong></td>
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</table>

[^84]: Source reference

[^85]: Source reference
What to do if a case gets into Yemen

• Stop human-to-human transmission:
  • **Intensify surveillance**: immediate investigation of suspected cases to understand risk factors (e.g., travel history, close contact with a probable or confirmed case) and perform laboratory testing, as appropriate
  • Based on the assessed risk, isolation of the individual and contact tracing, followed by 14 days of monitoring for symptoms. (If any contacts develop symptoms, repeat above)

• Provide medical care to patients and reinforce behaviors to prevent transmission

• Communicate critical risk and information; engage communities

• Enhanced coordination between the north and the south will become critical, especially if cases travel to/from the north/south → implications on case investigation & contact tracing and IHR reporting
Dengue outbreak

Associated Deaths

2018: 46
2019: 271

Suspected Dengue Fever cases

2018: 28,054
2019: 76,768

0.4% CFR

79% of the cases are from 4 governorates:

Al Hudaydah
Taiz
Hajjah
Aden

IEC
Medications
Equipment
Vector control
Capacity building
1. Surveillance
   - Epidemiological Surveillance
     - DF/DHF are reporting disease in all 1991 eDEWS HF
   - Vector Surveillance
     - 77 Entomological technicians trained on vector surveillance
   - Viral Surveillance at CPHLs
     - Supports Aden CPHL with PCR machine and realtime-PCR reagents for DEN genotyping
   - Diagnosis at HF
     - ELISA kits for DF/Chik/WNV (77 kits in 2018 and 60 kits in 2019)
     - NS1 DEN RDTs (90,000 cassettes in 2018 and 160,000 for 2019)
   - Treatment
     - Training on case management Medicine (IV fluids, antipyretic, etc.)

2. Case Manage.

3. Vector Control
   - Source Reduction
     - Removal of mosquitoes breeding sources to kill vector larvae
   - Thermal Space Fogging
   - Larviciding
   - IEC/BCC
   - Communication Campaigns
   - Print 200,000 leaflets and 80,000 posters about DF

4. Communication & Social Mobilization
   - Household education for 159,502 persons in Aden and Taiz.
THE HUMANITARIAN CRISIS IS THE DIRECT RESULT OF THE CONFLICT

People in need 2013-2019
HUMANITARIANS ARE UNABLE TO REACH MILLIONS OF PEOPLE WHO NEED HELP TO SURVIVE

At least 5.1 million people in need are living in 75 hard-to-reach districts

In 49 HRT districts with 3.24 million at-risk people, clusters report significant response gaps

In 26 HRT districts with 1.89 million at-risk people, clusters report response gaps
HNO and Health Response Plan (2020) timeline

• Bi-lateral meetings with MoPHPs – Done

• Severity maps, Identifications of needs/Gaps,
  • Analyze the available data based on other source of information (eDEWS, HeRAMS, Cholera etc) based on our approved indicators

• HRP consultative meeting with partners/MoPHPs:
  • Aden – 3 March (Coral Hotel)
  • Sanaa – 15 March (Sheba Hotel)

• Activities and indicators development
  • (1\textsuperscript{st} & 2\textsuperscript{nd} Line response & Full Cluster response)
FAMINE CONDITIONS HAVE BEEN ROLLED BACK IN 29 OF THE 65 IPC 5 AREAS; MASSIVE LEVELS OF ASSISTANCE HAVE BEEN THE DECISIVE FACTOR.
CFR from 0.21% in 2017 to 0.12% in 2019

858,619 total beneficiaries

Provision of:
- WASH supplies for infection control
- Cholera kits and medications for treatment
- Incentives to 4,607 DTCs/ORC staff to provide health services
Multisectoral & multidisciplinary response

- EOCs
- MoPHP, Ministry of Water & Env., Ministry of Agriculture
- Health Cluster, UN Agencies, NGOs

Coordination

Case Management

- DTCs and ORCs
- Capacity building
- Cholera kits and medical supplies

WASH

- Water trucking
- Water chlorination
- Water quality monitoring
- Hygiene promotion
- IPC /Training

Vaccination

- OCV Campaigns

Surveillance

- eIDEWS sites
- DRRTs & GRRTs
- Laboratory detection

Monitoring & Evaluation

- Third Party Monitoring and beneficiaries engagement
Suspected cholera cases in 2017, 2018 and 2019

2017 Jan to 31 Dec
- 1,023 deaths
- 96% (22/23) Governorates
- 92% (305/333) Districts
- CFR = 0.12%

2018 Jan to 31 Dec
- 2,238 deaths
- 96% (22/23) Governorates
- 83% (276/333) Districts
- CFR = 0.22%

2019 1 Jan to 29 Dec
- 505 deaths
- 96% (22/23) Governorates
- 95% (318/333) Districts
- CFR = 0.14%

Cholera cases per District
- 1 - 1,000
- 1,001 - 5,000
- > 5,000

Suspected cholera cases and associated cholera deaths by month 2017-2018-2019

Cholera cases
- 2019
  - 371,326 suspected cases
- 2018
  - 2,238 suspected cases
- 2017
  - 1,023 suspected cases

Deaths
- 2019
  - 505 deaths
- 2018
  - 2,238 deaths
- 2017
  - 1,023 deaths
Seasonal disease pattern, Yemen (2020)
Seasonal disease pattern, Yemen (2020)
Information Management

Info-graphics
Reporting Status
Health Cluster Achievements
4Ws – Health Partners by Governorate
Information Management

• **Registration:**
  – Cluster members – Active!!
  – To join the Yemen cluster list: [https://forms.gle/cjBRNhjTgGRHusgy6](https://forms.gle/cjBRNhjTgGRHusgy6)
  – Membership Criteria

• **Regular reporting – DHIS**
  – Monitoring and updating
    • Matrix prepared
    • Non-reporting partners after 60 days will be withdrawn from Health Cluster

• **IM products**
  – Availability through dedicated websites
    • Health Cluster & OCHA website *(link will be shared)*
Health Cluster Membership

Membership Process
- Cluster Coordination Meetings
- Minimum Requirement
- Application Form
- Probation period → 6 months

Start OCHA Partnership
- Eligibility Process
- Encourage partnership with other active partners
Minimum requirements for joining the Health Cluster

• Provide the profile of the organization including the Mandate, Structure, Name & CVs of Health Coordinator and Information Management officer that are related to Health Programs.
• Provide the name and location of health facilities currently active and being supported/run by your organization.
• Provide the current funding status of the health projects most importantly.
• What kind of health activities you are implementing in the ground (mainly in health facilities) – Indicate Start and End date.
• Indicate the status of the membership eligibility for Yemen Humanitarian Fund (OCHA Partnership eligibility.
• Indicate if you are currently running activities in partnership with any other agencies.
• Have you been able to establish any partnership with other NGOs?
• Provide proof of registration with the Government of Yemen.
• APPLICATION FORM WILL BE PROVIDED ONLY IF THE NEW NGO MEETS THE MINIMUM REQUIREMENTS.

NGO will be given a period between 3 – 6 months (probation) so that it can find opportunities to have partnership with other active partners to implement few activities as sub-implementer.
## Current Reporting Situation for partners

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<tr>
<th>Sr. No</th>
<th>Color Coding</th>
<th># of Partners (AUG)</th>
<th>% (AUG)</th>
<th># of Partners (Sep)</th>
<th>% (Sep)</th>
<th># of Partners (Oct)</th>
<th>% (Oct)</th>
<th># of Partners (Nov)</th>
<th>% (Nov)</th>
<th># of Partners (Dec)</th>
<th>% (Dec)</th>
<th># of Partners (Jan)</th>
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<td>23%</td>
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<td>7%</td>
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<td>9</td>
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<td>10</td>
<td>22%</td>
<td>9</td>
<td>20%</td>
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<tr>
<td>4</td>
<td>100% - 80%</td>
<td>23</td>
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<td>25</td>
<td>55%</td>
<td>32</td>
<td>71%</td>
<td>32</td>
<td>71%</td>
<td>30</td>
<td>67%</td>
<td>31</td>
<td>69%</td>
</tr>
</tbody>
</table>
Achievement infographic normally prepared at the last week of the month

• Data received from partners between 10-15 of month
• IM unit – verification, analysis 15-20 of month
• Development of updated infographics 22-25 of month

• www.yemenhc.org
• www.humanitarianresponse.org
YEMEN: Health Cluster Achievements

Medical Interventions
- 105K Conflict-related trauma cases received life support
- 389K Surgeries
- 802K Admissions (Hospitalisation)
- 18K Cases received Rehabilitation physiotherapy
- 836 Doctors trained
- 5K CHW-trained
- 4K Nurses trained
- 6K Nurses trained
- 221M Fuel provided
- 221M Water provided
- 10.4M Fuel provided
- 9.4M fuel provided
- 8.7M People in need
- 19.7M People in need
- 15.8M People targeted
- 627M Funding requirements
- 491M Funded
- 1.9M Required
- 861,015 Suspected cases reported between Jan 2020 and 31 Dec 2019
- 43,969 Suspected cases reported in December

Medical and Operational Support
- 10,904 Trauma kits
- 4,140 Food kits
- 4,839 DEK

Other Types: Kites Distributed
- 7,770,59 Health workers supported with incentives by NGOs

Reproductive Health Care Services
- 465.6K Deliveries assisted by a skilled birth attendant
- 79K C-sections
- 387K Normal deliveries
- 1.5M Preventive care visits

Children Health Services
- 573.5K Penta 8 vaccination for children under 3 Yr
- 322K Children under 5 Yr admitted for Severe Acute Malnutrition
- 13K NINH consultations
- 90.1K Psychosocial support beneficiaries

Cholera Response: DTCs and ORCs Gap
- 474 Oral Rehydration Centers (ORCs) supported in 132 districts
- 250 Diarrhoea Treatment Centers (DTCs) supported in 132 districts
- 25 Partners involved

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the Health Cluster.
Working groups and Taskforce - Updates

• Mental Health & Psychosocial Service Support (MHPSS)
• WASH in Health Facilities
• Reproductive Health
• Nutrition Surveillance System –WHO
• Quality of HealthCare Task Team
WASH in Healthcare facilities

Technical Working Group
Action points

• Participation of MOPHP and Ministry of Water

• General waste disposal guidelines to be discussed with UNOPS and Cleaning fund

• Training manual including SOPS developed by MOPHP on Infection Prevention Control (IPC)

• Guideline on water sanitation and hygiene to be reviewed to finalize the dashboard

• Guidelines and best practices to be shared:
  • Fecal sludge management and healthcare waste disposal
  • Liquid waste treatment-best practices
Pilot test of the Matrix

Health Facilities to conduct the pilot testing of the matrix
- Bani Matar General Hospital
- Sayan Hospital District Hospital

Process
1. Assessment by using the matrix
2. Organizing the meeting of stakeholders to present the findings
3. Agree on the indicators and share with partners
4. Monitoring of WASH services
Indicators for Health cluster to evaluate the performance of WASH in HF’s – (HRP2020)

1. Healthcare facilities with improved WASH services
2. Healthcare facilities with compliance to IPC and HCWM practices
National Reproductive Health IAWG Updates
EPI/Vaccination Updates

No Major Updates – Next Cluster meeting
Mental Health & Psychosocial Support Services (MHPSS)
No Major Updates – Next Cluster meeting
Nutrition Surveillance System/ WHO

No major updates
Quality Improvement in Health care
Updates on Quality of Care (QoC)

- QoC task team under the numeral of Health Cluster
- QoC Basic Standards were developed/drafted
- Assessment tools were also developed based on those standards
- Pilot Plan was discussed and endorsed by MOH, Health Cluster
Quality of Care Assessment: Concluded Work

Quality Task Team/Health Cluster

- Critical Quality Standards
- Quality Assessment Tools

- Leadership and Management
- Infrastructure
- Staffing and Training
- Service Delivery
- Infection Prevention and Control
- Medicines, Supplies, and Equipment
- Information Management
- Patients Participation

Hospitals
PHC
Assessment Pilot

<table>
<thead>
<tr>
<th>HF Type</th>
<th>HF Name</th>
<th>No. Days</th>
<th>Assessors</th>
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<tbody>
<tr>
<td>PHC Unit</td>
<td>Al-Oroq</td>
<td>1</td>
<td>2</td>
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<tr>
<td>PHC Center</td>
<td>Faj Attan</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>District Hosp.</td>
<td>Al-Rawdah</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Inter district</td>
<td>Zayed Hosp.</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Gov. Hosp.</td>
<td>Al-Jomhuri</td>
<td>3</td>
<td>3</td>
</tr>
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</table>

Objectives:

- identify and correct the gaps of the tool
- To ensure the applicability of the tools at each level of care
- To understand the number of days and resources, including human resources, required for each level of care
Patient Safety Assessment

➢ Two Hospitals: 26 September Hospital in Sana’a; 22 May Hospital in Amran gov
➢ 2 Day Training for Quality Teams from MOPH & targeted hospitals
➢ Team of five assessors in each hospital

➢ Methodology of the assessment:
✓ Observation rounds for each department
✓ Interviews with management, clinical staff, patients
✓ Desk review e.g. plans policies, guidelines, reports etc.
Next Steps: Quality Improvement

• Enhance quality/patient safety management: hospital priority, staffing, budget, activities etc.

• Develop/adopt policies and procedures; guidelines

• Capacity building for clinical staff, management, HR, etc (based on areas)

• Strengthen monitoring mechanisms
## QoC assessment Pilot plan

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Type of Facility</th>
<th>Name of Facility</th>
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<tr>
<td>Wed</td>
<td>12 Feb</td>
<td>PHC Center</td>
<td>Faj Attan PHC</td>
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<tr>
<td>Mon-Tues</td>
<td>24-25 Feb</td>
<td>Inter district Hosp.</td>
<td>Zayed Hospital</td>
</tr>
<tr>
<td>Wed-Thurs</td>
<td>26-27 Feb</td>
<td>District Hospital</td>
<td>Al-Rawdah Hosp.</td>
</tr>
<tr>
<td>Sun-Tues</td>
<td>1-3 March</td>
<td>Gov. Hospital</td>
<td>Al-Jumhory Hosp.</td>
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<tr>
<td>Wed</td>
<td>4 March</td>
<td>PHC Unit</td>
<td>Al-Oroq Unit</td>
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AOB
Next Health Cluster meeting → 18 March, 2020